

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE
2010 JAN 19 PM 12:58

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Julian B. Garrett

Political Party (if applicable)
Republican

Office Sought
Iowa House of Representatives

District (if Senate or House)
73

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1654
Logged In	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Julian B. Garrett
SIGNATURE OF PERSON FILING REPORT

515-971-0883
TELEPHONE

1-15-2010
DATE SIGNED

I AM FILING A Calendar Year 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate by # ☒ 2

☒ CHECK IF AMENDMENT TO REPORT DATED Calendar Year 2009 1-12-2010

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 357.51

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,307.05

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 6,664.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,152.63

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 5,511.93

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

515.90

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

4,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
Jun:Dec. 09	Jeff Garrett 19978- 115th Ave. Indianola, Iowa 50125	son	work on website	\$ 400.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$ 400.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule E)

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

ETHICS AND
DISCLOSURE BD.
PM 1-13
2010 JAN 15 PM 1:07

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Julian B. Garrett

Political Party (if applicable)
Republican

Office Sought

Iowa House of Representatives

District (if Senate or House)
73

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1654

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Julian B. Garrett
SIGNATURE OF PERSON FILING REPORT

515-971-0883
TELEPHONE

1-12-10
DATE SIGNED

I AM FILING A Calendar Year 2009

(report date)

1-19-2010

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2☐ CHECK IF AMENDMENT TO REPORT DATED

*See amended
report*

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 357.51

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,307.05

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

6,664.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,152.63

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 5,511.93

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

115.90

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

4,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

GARRETT FOR STATEHOUSE COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6-15-09	ID# CK#	Max Caldwell 17504 55TH AVE St. Charles, IA 50240		\$ 100.00	<input type="checkbox"/>
6-20-09	ID# CK#	Donald Rex Young 21489 HIGHWAY 69 INDIANOLA IA 50125		\$20.00	<input type="checkbox"/>
10-13-09	ID# CK#	Robert A. Kaldenberg 323 W. Jefferson, Box 227 Winterset, IA 50273		\$25.00	<input type="checkbox"/>
10-15-09	ID# CK#	Peter Voorhees 3402 Pheasant Dr. Cedar Falls, IA 50613		\$500.00	<input type="checkbox"/>
10-14-09	ID# CK#	Richard T. Dickens 4601 Woodland Ave., Unit 4 West Des Moines, IA 50266		\$200.00	<input type="checkbox"/>
10-14-09	ID# CK#	Michael Reeves 11587- 167th Lane Indianola, IA 50125		\$100.00	<input type="checkbox"/>
10-15-09	ID# CK#	Ray D. Dearin 1000 Kennedy St. Ames, IA 50010		\$100.00	<input type="checkbox"/>
10-15-09	ID# CK#	Dr. Don Racheter 34 Kearney Ct. Iowa City, IA 52246		\$56.05	<input type="checkbox"/>
10-19-09	ID# CK#	Rollin Dyer 12253 Nevada St. Indianola, IA 50125		\$100.00	<input type="checkbox"/>
10-20-09	ID# CK#	Jim Sourbeer 3737 John Lynde Road Des Moines, IA 50312		\$100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,301.05

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-21-09	ID# CK#	Richard Nation 7502- 25th Ave. Norwalk, IA 50211		\$100.00	<input type="checkbox"/>
10-23-09	ID# CK#	Mardis Collins 20235- 20th Ave. Truro, IA 50257		\$100.00	<input type="checkbox"/>
10-23-09	ID# CK#	Harlan Hirsch 13045 R57 Hwy Indianola, IA 50125		\$25.00	<input type="checkbox"/>
10-28-09	ID# CK#	Larry & Patti Hughes 208 E. 1st St. Ackworth IA 50001		\$250.00	<input type="checkbox"/>
10-29-09	ID# CK#	Walter J. Conlon 126 W. Second St. Muscatine, IA 52725		\$100.00	<input type="checkbox"/>
10-30-09	ID# CK#	Joyce Hall 3946 State Rd. F Fulton, MO 65251	sister	\$250.00	<input type="checkbox"/>
11-3-09	ID# CK#	R. Jeffrey Lewis 7507 Hoover St. Indianola, IA 50125		\$200.00	<input type="checkbox"/>
11-3-09	ID# CK#	Gerald Weeks Jr. 323 E 1st St. Milo IA 50166		\$100.00	<input type="checkbox"/>
11-4-09	ID# CK#	Kay King 5867 Gear St. Prole, IA 50229		\$100.00	<input type="checkbox"/>
11-4-09	ID# CK#	Verle Spence 220 W. Elm St. Hartford, IA 50118		\$10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,235.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-4-09	ID# CK#	Margie Spence 220 W. Elm St. Hartford, IA 50118		\$10.00	<input type="checkbox"/>
11-6-09	ID# CK#	Philip Thompson 17356 Tyler St. Lacona IA 50139		\$50.00	<input type="checkbox"/>
11-6-09	ID# CK#	George Samuel Buck 1514 W Court Ave. Winterset IA 50273		\$25.00	<input type="checkbox"/>
11-6-09	ID# CK#	Pauline Cramer 14147- 158th Ave. Indianola, IA 50125		\$100.00	<input type="checkbox"/>
11-10-09	ID# CK#	David M. Dryer 1521 W. Boston Indianola, IA 50125		\$25.00	<input type="checkbox"/>
11-14-09	ID# CK#	Scott Graham 314 Spruce St. Milo IA 50166		\$100.00	<input type="checkbox"/>
11-14-09	ID# CK#	Bobby J. Byers 21686 Highway 65 Milo IA 50166		\$100.00	<input type="checkbox"/>
11-14-09	ID# CK#	David R. Knouse 13470 210th Ave. Milo IA 50166		\$20.00	<input type="checkbox"/>
11-17-09	ID# CK#	Lyla Bonjour 1100 W. Ashland Indianola, IA 50125		\$25.00	<input type="checkbox"/>
12-17-09	ID# CK#	Alta Michener 15360 240th Ave. Pleasantville IA 50225		\$20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 475.00	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-28-09	ID# CK#	Lita Meints 716 W. Iowa Ave. Indianola, IA 50125		\$25.00	<input type="checkbox"/>
12-28-09	ID# CK#	John Garrett 411 Mathers Lane Neshanic Station N.J. 08853	Brother	\$3,251.00	<input type="checkbox"/>
12-30-09	ID# CK#	Unitemized		\$20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3,296.00	
TOTAL (if last page of this schedule)				\$ \$6,307.05	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-3-2009	ID# CK#	Van Ginkel's 2208 Ingersoll Des Moines, IA 50312	Campaign Banners and T Shirts	\$ 393.00
7-15-09	ID# CK#	Community State Bank 1401 N. Jefferson Indianola, IA 50125	New Checks	\$17.65
11-6-09	ID# CK#	North Side Cafe 61 Jefferson Winterset, IA 50273	Rent and Food	\$131.63
11-6-09	ID# CK#	Record Herald 112 N. Howard Indianola, IA 50125	Ad for Town Hall Meeting	\$157.00
11-6-09	ID# CK#	Julian B. Garrett 19978- 115th Ave. Indianola, IA 50125	Reimbursement for Stamps, Parade Candy & Printer Ink	\$154.52
11-30-09	ID# CK#	Walgreens 1000 N. Jefferson Indianola, IA 50125	Printer Ink	\$21.18
12-5-09	ID# CK#	Truro United Methodist Church 130 N. West St. Truro, IA 50257	Rent & Food for town Hall Meeting	\$50.00
12-12-09	ID# CK#	Earlham Church of Christ 535 NW 6th St. Earlham, IA 50072	Rent for Town Hall Meeting	\$20.00
SUB-TOTAL				\$ 944.98
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE
B
(Rev. 07/03)

MONETARY
EXPENDITURES

☐ **CHECK THIS BOX IF**
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12-12-09	ID# CK#	Heather Stancil 525 NW 3rd Earlham, IA 50072	Food for Town Hall Meeting	\$ 10.47
12-17-09	ID# CK#	Post Office 104 S. Fillmore Osceola, IA 50213	Stamps	\$88.00
12-31-09	ID# CK#	Julian B. Garrett 19978- 115th Ave. Indianola, IA 50125	Reimbursement for Stamps and Printer Ink	109.18
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 207.65
TOTAL (if last page of this schedule)				\$ 1,152.63

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11-4-09	Gerald Weeks Jr. 323 E 1st St. Milo IA 50166		Posters for Milo Town Hall Meeting	\$ 21.30	<input type="checkbox"/>
11-14-09	Gerald Weeks Jr. 323 E 1st St. Milo IA 50166		Milo American Legion Town Hall Rent	40.00	<input type="checkbox"/>
11-14-09	Scott Graham 314 Spruce St. Milo IA 50166		Food for Milo Town Hall Meeting	12.00	<input type="checkbox"/>
11-24-09	Gerald Weeks Jr. 323 E 1st St. Milo IA 50166		Posters for Truro Town Hall Meeting	21.30	<input type="checkbox"/>
11-26-09	Gerald Weeks Jr. 323 E 1st St. Milo IA 50166		Posters for Earlham Town Hall Meeting	21.30	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 115.90

TOTAL (if last
page of this
schedule)

\$ 115.90

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Page 1 of 1
(for Schedule E)

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAID**☐ **CHECK THIS BOX IF
AMENDING FORM****COMMITTEE NAME** (Must be same as on Statement of Organization)

Garrett for Statehouse Committee

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 4,000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 4,000.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.